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## City of Columbia Business License Division

**Mailing Address:** P.O. Box 147, Columbia, SC 29217

**Physical Address:** 1339 Main Street (1st Floor), Columbia, SC 29201

**Phone:** 803-545-3345 | **Fax:** 803-988-8025

**Office Hours:** Mon-Fri - 8:30 a.m. - 5:00 p.m.

**Email:** [businesslicenseemail@columbiasc.gov](mailto:businesslicenseemail@columbiasc.gov)

### APPLICATION INSTRUCTIONS FOR A NEW BUSINESS LICENSE

#### Business Information

Has your business previously registered with the City of Columbia? Select **Yes** or **No**

1. Legal name of your business. Please write full business name
2. Doing Business As (DBA): If your business name is different from your legal business name
3. Federal ID# or SSN: Please write in your Federal Employer Identification Number (FEIN) for your business or Social Security Number (SSN)
  - a. FEIN numbers can be assigned by the Internal Revenue Service
  - b. SSN/FEIN is confidential and not part of any public record
4. State Professional License #: Please write in your assigned number (if applicable)
  - a. This can be obtained from your licensing authority
5. State Retail Sales #: Please write in your assigned number (if applicable)
  - a. This can be obtained from the South Carolina Department of Revenue
6. Minority Owned Survey: Please complete the survey by checking any applicable box
7. Business Type (ownership): Select the box for the correct entity for your business

Business Types:
Sole Proprietor
Corporation
Partnership
Limited Liability Company (LLC)
Nonprofit
Limited Liability Partnership (LLP)

- a. If this is a **Charitable organization**, your State tax documentation must be included with your application (Section 11-36); zoning fee may still be applicable.
8. What was the date of the start of business within the City of Columbia? Month, Day, Year
    - a. **NOTE:** If the business was operating in Columbia before the current year, prior years' license fees, taxes, penalties and interest may be due
  9. Description of business activity: Describe in detail what product(s) or service(s) your business renders?
  10. NAICS Code: Please refer to our NAICS look up to find what matches your business description or leave open for our office to fill in.
  11. Estimated Gross Income - Please estimate for the current year how much revenue you will generate in accordance with our ordinance Sec. 11-32.

### Owner/Principal Information

List true contact information for Owner(s), Partners, and Corporate Officers. A separate sheet may be included if needed.

### Location/Contact Information

1. Physical Business Address: Please insert the address where business will be conducted within the City of Columbia (P.O Boxes or mail drop is not considered a physical address)
  - a. City, State, Zip code
  - b. Business Phone and Business Email: Please enter information a customer would use to contact the company
    - i. **Limitations** – Obtaining this license does not authorize the holder to conduct business in violation of any Zoning, Fire, Building or other City of Columbia ordinances
2. License Mailing Address: Please enter the address where you would like to receive your actual business license
3. Tax/Renewal Address: Please enter the address where you would like to receive correspondence for your business Hospitality Tax/Tourism Tax Coupons and/or license renewal notices will be sent to this address listed on the application
  - a. City, State, Zip codeSelect SAME AS ABOVE if applicable
4. Local Contact Name: A local contact person for any inquiries our office may have regarding your business. Please keep all contact information current to avoid delayed correspondence or responses from our office.
  - i. Title – Insert their title at the business
  - ii. Local Contact Email - Provide contact person's email address
  - iii. Local Contact Phone – Provide the contact person's phone number
  - iv. Local Contact Alternate Phone – List any other number where this contact can be reached

### Other Information

Select **Yes** or **No**  
for all questions

1. Home based Business – Is this business operating from a residential location? (Examples: Home daycare, consulting, bookkeeping, hairstyling, or similar where your business is conducted from a residence)
2. Independent Contractors – List any contractors that may be working independently for you
3. Leased Locations – Landlord's true contact information needs to be provided
4. Hospitality Taxes – If you sell prepared and/or modified foods or beverages, our office will be required to set up a hospitality account
  - a. Examples: Caterers, convenience stores, grocery stores, restaurants, etc.
5. Local Accommodations Taxes: If your business offer accommodations of less than 30 days?
  - b. Examples: hotels, motels, bed & breakfasts, etc.
6. Vehicle Decals: Do you have a vehicle to be used for your business?
  - c. Examples: Taxis, contractor/construction vehicles, etc.
7. Amusement Decals: Do you need decals for machines?
  - d. Examples: Amusement machines, pool tables, video games, juke boxes, etc.
8. If you purchased this business, did you take over? List true contact information for the former owner

### Applicant Certification

1. Please **read** Applicant Certification thoroughly
2. Provide Signature, Printed Name, Title, and Date
3. For any questions you may have, please contact our office or refer to our website at <https://businesslicensing.columbiasc.gov/>

**All Business Licenses Expire Yearly on: April 30<sup>th</sup>**

